Spring 2001

NATIONAL HEALTH SERVICE CORPS

In Touch

In This Issue

A Case of 100% Access, 0 Health Disparities in Buncombe County, North Carolina

Despite the ethical principle that binds the medical profession to render care regardless of station or ability to pay, over 42 million Americans without health insurance experience great difficulty gaining access to effective primary and specialized health care. When they do finally get treatment, they are typically in later and more dangerous stages of their illnesses. It is not surprising, then, to find mortality rates higher among the uninsured and disadvantaged.

Simply stated, what America has here is a lack of access problem.

The simple statement, however, fails to identify the underlying, multi-layered dilemma of poor health and health outcomes for a growing population: burnout and frustration for providers and increasing costs for taxpayers, communities, and State and Federal sources of funding. What it also does not address is that the only way to break out of this problem of lack of access is to fix every layer of it simultaneously and integrate a staggering array of players—including patients, providers, hospitals, pharmacists, and community services—into a seamless, working whole.

What the simple statement implies, in fact, is a daunting challenge. But for some, facing a challenge is the first step to finding an answer.

If the initial response to this challenge is "it can't be done," then think again. Better still, consider the miracle called Buncombe County Medical Society (BCMS) Project Access, a working integrated model for providing effective access to health care for everybody in Buncombe County, North Carolina. At the center of this miracle is Suzanne Landis, M.D., an NHSC alumnus whose vision of putting health care services within everybody's reach powered the program into reality and then translated reality into a ringing success.

Suzanne Landis M.D., has been committed to working with underserved populations throughout her career.

Taking it one step further in 1999, Landis signed on with the U.S. Bureau of Primary Health Care to support its campaign for 100% access, 0 health disparities by assisting other communities in their efforts to establish structured care systems for the underserved and disadvantaged. To date, she is talking to 30 communities about setting up their own programs for structuring physician volunteers and lining up the services they will need to support their efforts.

Landis was destined from the start to chart a path to universal access to health care services. As a child, she would often accompany her father, a general physician,

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U.S. Department of Health and Human Services
HRSA BPHC Bureau of Primary Health Care
Health Resources and Services Administration

From the Directors

"Organize for Victory" to Achieve Equal Access to Health Care Services

Dear NHSC Clinicians:

When the Bureau of Primary Health Care (BPHC) announced the goal of **100% Access/0 Health Disparities**, we understood that we had set a high standard. Nonetheless, when 48 million Americans face barriers to access to primary and sub-specialty care, it was imperative that the goal reflect the gravity of the problem. National Health Service Corps (NHSC) clinicians, dedicated to the best principles of prevention and to a long tradition of service to the underserved, possess "the right stuff" to achieve our goal. Each of you on the frontlines has consistently proven that our faith and trust has been well-placed.

Each day, NHSC clinicians bring us closer to our goal with new patients treated and new communities served. In the process, we are accumulating a wealth of experience and a set of effective strategies we can use to move even closer. But we can be most effective by sharing those experiences and strategies with others—multiplying our strengths over and over until we achieve 100/0 for all Americans.

Napoleon Bonaparte once observed that to win a battle one must first "organize for victory." The proof of this observation can be found in Asheville, North Carolina, where the Buncombe County Medical Society (BCMS), spearheaded by NHSC alumnus Dr. Suzanne Landis, rose to the challenge. Everyone in the county, regardless of economic, social, or cultural status, now has equal access to the same range of health care services.

The story of how the BCMS Project Access was planned and implemented is featured in this issue of *NHSC In Touch*. Thorough planning, coupled with solutions that benefited all the participating partners, have so far given more than 13,000 (out of 15,000) people living at or below 200 percent of poverty access to the complete range of services provided by the county.

Sharing creative solutions such as the Buncombe County model, and breaking past the accepted paradigms, is how we will not only reach our goal but sustain it. We hope that the story of BCMS Project Access stimulates discussion and reinvigorates your own efforts in your communities. There are uncounted numbers of "win-win" solutions out there—solutions that create the biggest winners of all: healthy individuals and communities.

If, after reading this story, one of you thinks: "I can top that," we would love to hear from you.

Donald L. Weaver, M.D.

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Sonia M. León Reig, Director
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We want to hear from you!

We need your help to make your newsletter work for you. We want your ideas for stories and other features. Share news; pass along practice tips; submit letters to the editor. Tell us about a member of the NHSC family with a unique approach to providing care.

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on his rounds to observe his healing ways and his compassionate response to disease and therapy. It was natural that she followed in her father's footsteps to study medicine at the University of Pennsylvania. From there she struck out on her own and served as an NHSC Scholar, first in a rural clinic in Robbins, Tennessee, and then in West Palm Beach, Florida, at the Palm Beach County Health Center.

"My NHSC experience taught me the limitations of the traditional office practice model and the deficits in my medical training," Landis says. "This revelation led me to the University of North Carolina, Chapel Hill, School of Public Health to study the broader issues of health care delivery and promotion." From there, Landis and her husband, also an NHSC Scholar, chose Asheville, North Carolina, as the focus of their careers and their home.

The Buncombe miracle began in 1994 when Landis, the medical director of the embryonic project, and Alan McKenzie, the executive director and CEO of BCMS, secured a Reach Out: Physicians Initiative to Expand Care to Underserved Americans health planning grant of $100,000 from the Robert Wood Johnson Foundation (RWJF) to form Project Access, as well as a nonprofit affiliation of stakeholders called Health Partners. With seed money from the Janirve Foundation and the Community Foundation of Western North Carolina (WNC), Landis and her colleagues were able to parlay their initial RWJF money into a 3-year implementation grant of $200,000 to be managed by the organization that succeeded Reach Out called Volunteers in Health Care (VIH).

According to Landis, "The technical expertise and the funding provided through VIH helped Project Access to establish itself in its present effective form. It was one of the most important contacts to make for funding, for technical expertise, and for ongoing support."

In 1996, Buncombe County threw its weight behind Project Access. It made its first annual appropriation of $350,000 for BCMS to manage the distribution of prescription medication for the program and to implement a comprehensive database management system for volunteer physicians and patient referral and scheduling called Centralized Applications Referrals and Enrollment Status (CARES). Additional funding for programming and installing CARES came from the Kate B. Reynolds Charitable Trust.

Landis and BCMS spun the miracle into an interdependent tapestry by meeting with every group involved and negotiating roles, goals, and responsibilities. In town hall-style meetings and through personal interviews, problems, misgivings, and reservations were identified and solved one at a time until a complete pattern of services and procedures emerged.

"It was important to identify win-win solutions for each of the players involved. That gave them their own reasons to buy into the project," Landis says.

This strategy helped convince county physicians to structure and formalize the donation of services to disadvantaged patients. When BCMS approached their membership, they found a strong commitment to volunteerism already existed. But what good was it to see patients who would not be able to follow through with recommendations for medications or diagnostic or therapeutic procedures? If the patient needed a referral to a specialist, it could take inordinate

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Volunteers in Health Care: Sharing Lessons Learned

BCMS Project Access began its work as a demonstration project funded by the Robert Wood Johnson Foundation under a program entitled "Reach Out: Physicians' Initiative to Expand Care to Underserved Americans." Years later, Project Access continues to collaborate with the former Reach Out team via Volunteers in Health Care (VIH). VIH, also funded by the Robert Wood Johnson Foundation, specializes in working with volunteer-led organizations such as free clinics and referral networks, with the goal of sharing lessons learned and "shining a light" on the role of volunteer-led initiatives in patching the safety net.

VIH's Web site, *www.volunteersinhealthcare.org,* includes field reports and manuals on topics such as "Developing Public-Private Partnerships," "Starting a Dental Program," and "Starting a Free Clinic," as well as funding opportunities, organizational profiles, news and policy updates, and more. VIH also offers one-on-one technical assistance, software products, and small grants. Examples of VIH's products and services include:

- **RxAssist,** *www.rxassist.org,* a Web-based, searchable database that helps clinicians access the 800+ drugs currently available to the low-income uninsured via pharmaceutical companies' patient assistance programs.
- **VIH Charitable Immunity Manual** describes the state of charitable immunity legislation across the country, as well as Federal legislation protecting volunteers.
- **Pharmaceutical access field reports** describe innovative models developed by stand-alone free clinics, pharmacies, a hospital, and a college of pharmacy. A **Pharmaceutical Primer** includes sample formularies, issues to consider in starting a program, and brief descriptions of programs across the country.
- **VIH patient tracking software** stores and tracks information on patients, visits, providers, and more. The system is menu-driven and offers easy access to "canned" reports for summary statistics.

All VIH technical assistance products and resources are available free-of-charge, either by calling toll-free 1-877-844-8442, or by visiting the VIH Web site at *www.volunteersinhealthcare.org.* VIH staff members are also available for in-depth technical assistance and networking/referral services.

(For more on Reach Out, see "Physicians Helping the Underserved: The Reach Out Program," *Journal of the American Medical Association,* January 5, 2000, Volume 283.) ◆

A Case of 100% Access... *continued from page 3*

Bureau of Primary Health Care's Quality Center

The Bureau of Primary Health Care's Quality Center Web site offers a wide range of resources and networking opportunities for clinicians and community health care service administrators interested in improving the quality of care and services for underserved and vulnerable populations. The site is available at *http://bphc.hrsa.gov/quality*.

Offerings include:

- Listings of current initiatives with links to reports and working manuals
- Quality improvement guidelines, checklists, and manuals
- Best practice guidelines and manuals
- Copies and commentary to recent health care legislation
- Kits for redesigning patient visits
- Online chat room

amounts of time and effort to locate someone willing to reduce or waive fees.

Despite their commitment, physicians saw their good intentions ultimately end up in a vicious circle where the patient would be ill-served by their repeated attempts to "Band-Aid" chronic issues, and the rest of the practice suffered from the time and effort expended. To ensure a fair distribution of caseload and simplify their search for specialists, Landis proposed the development of a comprehensive database system that would evenly distribute and track the Project Access caseload and simplify the search for specialists at the same time.

In response to follow-through concerns, Landis and BCMS approached hospitals in the county with a plan that promised to lower both operating and administrative costs, free up beds, and stop inappropriate use of emergency room (ER) services. This they could accomplish if they were willing to forego billing Project Access patients for using their diagnostic and therapeutic resources. The hospitals saw the win-win and bought in.

The next step was to negotiate a win-win deal with the Buncombe County commissioners. Landis' colleague, Alan McKenzie, was able to convince the county commissioners to divert funds normally earmarked for unpaid services at the hospitals to paying for most of prescription medicines needed by Project Access patients.

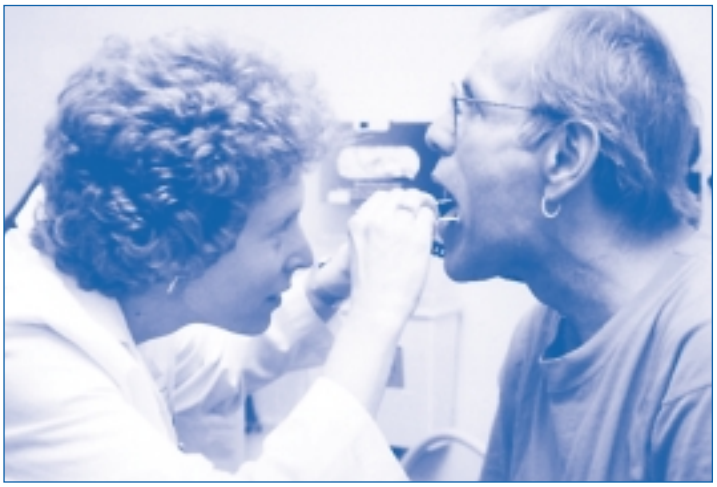
"If disease and chronic conditions are controlled therapeutically, then the need for ER services and hospital stays drop. This translates into a cost savings for both hospitals and the county," according to Landis.

The county saw the benefits of the coalition and agreed to come on board.

BCMS and McKenzie then approached pharmacies and pharmacists to do their part for the underserved of Buncombe County. In return for not charging dispensing fees and providing pharmaceuticals to Project Access patients at cost or below, they promised that the BCMS would establish and maintain a drug formulary and annual cap that made financial sense. Patients would pay a nominal fee for medication, and the county would pay the rest. For medications not covered in the formulary, BCMS pointed to the VIH Web site and RxAssist, a system that would provide up-to-date information on more than 60 drug reimbursement and assistance programs sponsored by pharmaceutical manufacturers for more than 800 medications. Impressed with the organization that the plan would bring to their role, the pharmacists fell in line.

Finally, Landis and her colleagues established criteria for patient inclusion and networked the urgent care center, four free clinics, private practices, and social service agencies into a single enrollment system.

Patients were issued membership cards, much like those in private systems, entitling them to Project Access services and letting them blend into the entire patient population. When they joined, they were asked to sign "responsibility forms" that committed them to keeping their appointments, following their doctors' instructions, and updating personal information.



For Suzanne Landis, M.D., the greatest satisfaction in her work with Project Access comes from the people she serves.

There are many measures of success for Project Access. Perhaps the most revealing is a set of statistics from a sampling of 273 patient enrollees taken 2 years after the program began. Among these patients, 82 percent reported their health status as improved or much improved. One-half of that number reported finding employment because of a positive change in their health status. Of that number, another one-half maintained their same seamless care with their existing health care team through health insurance coverage from their employers.

Project Access has also garnered considerable

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national attention. It has been honored by Harvard University's John F. Kennedy School of Government, the Ford Foundation, and the Council for Excellence in Government. And during a forum on reinventing government, former Vice President Al Gore showed the program off to leaders from 40 countries.

The greatest satisfaction for Landis, however, comes from the people she serves. The patients express their gratitude in many ways. "Three times last year I nearly died," wrote one heart patient. "And all three times Project Access took care of me." Another patient credits the program with seeing her family through hard times until her husband could return to a job with full benefits. "Project Access made such a big difference, I am now training to volunteer in a hospital emergency room."

So the network keeps growing. ◆

Facts! BCMS Project Access

- Project Access has brought Buncombe County within one-half a standard deviation of achieving national mental and physical health status norms.
- 500 or roughly 85 percent of all county doctors are participating in the program.

How Does BCMS Project Access Work?

Patients

Contributions:

- Patients enroll with Project Access and sign a "patient responsibility form" that binds them to keeping appointments, taking prescribed medications, updating personal information, and following other doctor orders to the best of their ability. (Patients are dropped from the program after three missed appointments.)
- Patients produce a patient identification card for appointments, medications, and medical devices.

Benefits:

- 13,000 of a possible 15,000 patients living at or below 200 percent of the Federal poverty guidelines were enrolled by Project Access into primary care health homes and were referred successfully to specialists when needed.
- 85 percent of patients in a survey reported that their health was better or much better than before their enrollment in BCMS Project Access.
- Regular primary care helped patients return to work or secure employment. As a result, many terminated their enrollment because they were now covered by their employers.

Physicians and Pharmacists

Contributions:

- Physicians pledge to see 10 patients (for primary care physicians) or 20 patients (for specialists) per year or volunteer 8 days per year in a community clinic. Physicians are registered in a common database using the Centralized Applications Referrals and Enrollment Status (CARES) system, which is maintained by BCMS.
- Physicians maintain patient records and referrals in a common database using the CARES system. They must submit insurance claim forms to a central repository regardless of whether they will be compensated so that costs and savings can be tracked.
- Pharmacists provide pharmaceuticals at cost or below with no dispensing fee. Patients co-pay $4 per prescription, and county funds—managed by BCMS—pay the difference. Pharmacists must abide by the formulary provided by the BCMS. The current annual cap per patient is $750.

Benefits:

- Non-paying patient load is shared evenly among a large number of practitioners. Practitioners can be public about their charity care without being overwhelmed by more patients.
- Comprehensiveness of Project Access ensures that recommended treatments, diagnostics, and procedures are actually administered. As a result, the patient recovers and stays well, and the practitioner is not faced with treating the same problem again.
- Less time is spent finding specialists who will treat non-paying patients. This translates into an overall increase in patient capacity for practitioners.
- No-show rate has dropped to 6 percent, allowing physicians to better schedule patients and plan their days.
- Data from claim forms document $3.5 million per year in donated health care provider services.

Hospitals

Contributions:

- Hospitals donate all lab tests, X-rays, and inpatient and outpatient services, and agree not to bill the patient or Project Access for services rendered.
- Hospitals are now paying one-half of Asheville-Buncombe Community Christian Ministries (ABCCM) Doctor's Free Clinic operating expenses to handle the increase in uninsured patient load.

Benefits:

- ER usage dropped from 17 percent to 8 percent for non-acute, non-emergency, and preventable visits.
- Cost of uncompensated care dropped by $120,000 in 1998 at the same time patient enrollment in Project Access doubled.

County

Responsibilities:

- The county pays for pharmaceuticals for Project Access patients after their $4 co-pay.
- The county pays BCMS to maintain the CARES system.

Benefits:

- The county realized a reduction in health care spending from $600,000 given annually to hospitals for uncompensated care to $350,000 given to BCMS to pay for medication and the CARES system. This amount, in turn, leveraged $3.5 million in donated health care provider costs. ◆

Community Spirit Is Alive and Well at East of the River Health Center

Morale is high at the Unity Health Care East of the River Health Center in northeast Washington, D.C. After many delays, the health center has moved to another building not far from its original site but closer to the city's Metro subway system and bus routes. The staff hopes that this new location will mean more patients—especially those who don't have insurance or can't pay.

Trying to attract nonpaying patients and the homeless may sound incongruous to many health organizations and providers, but it clearly illustrates the community spirit of the East of the River Health Center and its staff, and the primary goals of the National Health Service Corps (NHSC). Thanks in part to NHSC's Scholarship and Loan Repayment Programs, the East of the River is staffed by well-trained, dedicated physicians and other clinicians who take care of and care for many of the families in this neighborhood.

An integral part of the community

If you drive about 4 miles west from the East of the River Health Center along East Capitol Street, you will end up at the U.S. Capitol building. However, 4 miles could be 4 million miles away as the health center is located in a designated health professional shortage area and is federally funded. Named for its location east of the Anacostia River, the health center serves mainly low-income African Americans, most of whom live in the publicly funded housing projects on East Capitol Street and Benning Road.

The health center is a model for NHSC involvement—and enjoys a close relationship with NHSC, thanks in part to Ellen King, a nurse practitioner and chief of NHSC's Provider Support Branch. King works at East of the River 1 day a week as a patient advocate. The associate medical director of East of the River is Carla Lambert, M.D., a family practitioner who is also an NHSC Scholar. Besides Lambert and King, other NHSC Scholars among the 25-person staff are Monica Riley, M.D., who came from the surrounding community; Elaine Ridgeway, F.N.P.; and Richard McClendon, M.D., who had rotated through the health center as a clinician-in-training and now works for Unity Health Care at another health center. Lori Spoor, D.O., is a Loan Repayor who completed her service obligation and has remained at the site. In addition, East of the River often has clinicians-in-training rotating through the site who benefit from the interdisciplinary team approach.

To Dr. Lambert and the staff, the health center is an extended family. She says that once patients find East of the River and feel comfortable there, they

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East of the River Health Center in Washington, D.C., located in a designated health professional shortage area just a few miles from the U.S. Capitol building, opened its long-awaited new facility with much fanfare.

How to Stage a Successful Media Event

Getting coverage by the local media in your community for your special event takes planning, but the results can make your extra efforts worthwhile. Media coverage can capture the public's attention and create awareness about your site's good work. Here are some ideas from East of the River Health Center's plans for its open house and health fair that celebrated the inauguration of its new facility in northeast Washington, D.C.

- Assign overall management of the event to an "event coordinator," and make sure you support all needs identified by the coordinator.
- Write a press release. Make sure you include the "who, what, where, and when." Make it short and to the point, and then give it an attention-grabbing headline.
- Develop a contact list of local media, political leaders, prominent citizens, and support groups who may have an interest in your event. To maximize your chances for media coverage and a good turnout, include the names of people you know personally within the organizations you are inviting to attend.
- When you finish your contact list, set it up as a spreadsheet with names, telephone numbers, addresses, fax numbers, and e-mail addresses so you can keep an action log. This is especially useful if more than one person will be making contact with the individuals on the list.
- Always offer to send the press release by whatever medium is preferred by the contact—mail, fax, or e-mail. If obtaining the information about your event is convenient and accessible for your contact, it is more likely you will get a positive response.
- Follow up your press release with a telephone call to make sure the right person got it, and try to establish who plans to attend the event. Note on the action log the name and time the individuals will arrive and create a roster of these names. Assign someone to greet the attendees and be available to answer their questions. In addition, this person should provide them with any additional background materials about your organization, give them a tour, and introduce them to the principals of the event. ◆

Community Spirit... *continued from page 6*

A Model Volunteer

For Mrs. Nellie Davis, her volunteer position at the Unity Health Care East of the River Health Center in Washington, D.C., is her way to help people, especially her neighbors. For the health center, she is a godsend.

Nearly every day, Mrs. Davis boards a bus near her house and travels to work at the health center. She spends the morning pulling medical records, entering information, and organizing files. At midday, she takes a bus to a nursing home where she helps an elderly friend eat lunch. Then, it is back to the East of the River for more records work, and in the evening, Mrs. Davis boards another bus and returns to the nursing home to help her friend eat dinner.

Volunteering at East of the River Health Center is Nellie Davis' way of helping her neighbors.

This remarkable lady was born in Charles County, Maryland, but is a longtime resident of the District of Columbia. She is quite familiar with the health center because four generations of her family—herself, her six daughters, their children, and their grandchildren all receive their medical care at East of the River.

Mrs. Davis was approached several years ago by Ellen King, chief of the Provider Support Branch of NHSC and a nurse practitioner at the health center, about becoming a volunteer outreach worker. Volunteering was something Mrs. Davis always did—she has spent most of her life helping her family, neighbors, and friends and volunteering at local churches and schools. But she wasn't sure about being an outreach worker. "I didn't feel comfortable with the idea of going from door to door and having to pass along information about my neighbors, so I wasn't really interested at first," explains Mrs. Davis. "But then Mrs. King asked me if I wanted to volunteer at the clinic, so here I am," she says with a smile. "And I love my work."

Although she had never done office work before, Mrs. Davis has learned the filing system and the computer, which she uses to update the records. She sees her role as helping the staff to keep the medical records organized. "We have new patients coming in every day, and there is too much work for the regular staff members," she says.

When it comes to her own health care, Mrs. Davis says that she's learned not to complain about anything because the staff will immediately take care of her. "I have a family here at the clinic," she notes. And when talking to the staff about her, it's very clear that the feeling is mutual.

To King and other staff at East of the River, Mrs. Davis is truly a model volunteer. Says King, "Volunteer staff is key for any clinic. Volunteering offers training opportunities for community folks and helps them feel good about themselves and their ability to help others. In many cases, volunteers can gain needed experience to perhaps work at that site or other sites within their communities," she notes. "I volunteered for one-and-a-half years at D.C. General Hospital (in the emergency room) before I realized this is what I was suppose to do. I am certain that my volunteer time influenced the NHSC to grant my nursing scholarship."

To Mrs. Davis, the East of the River Health Center is a wonderful thing. "The staff never turns anyone away and patients rarely have to wait to be seen," she says. "And the doctors and nurses are really good about listening to people's problems." When asked what her motivation is for her volunteer work, Davis smiles and says simply, "It makes me feel good to help people and I am thankful that I can help." ◆

bring their families, many of whom see the same doctor. On one Wednesday afternoon, there was a steady stream of patients going in and out of the facility's offices. All seemed relaxed as they waited for their appointments. One woman sang out, "My doctor's cool" as she left the health center, and other patients commented about how much they liked "their" doctor. And the family feeling is personified in East of the River's most dedicated volunteer, Mrs. Nellie Davis, who, along with three generations of her family, receives health care at the health center (see "A Model Volunteer").

Providing a wide range of health care to the underserved

The health problems faced by East of the River's patients are as complex as their lives. In general, the residents have poor health, with high rates of cardiovascular disease, hypertension, diabetes, asthma, arthritis, obesity, teenage pregnancy, and infant mortality and morbidity.

In general, these health problems are due to lack of resources in the community, lack of regular health care, and a poor standard of living. "Almost every child who comes into our clinic has asthma," says Lambert. "And we have too many young parents who don't know how to take care of their children or themselves." Before Unity Health Care took over East of the River in the early 1990s, it had changed hands several times and had not been promoted to the neighborhood. As a result, many of the community's health issues are long-standing and resistant to change.

So, to deal with these problems, the dedicated staff spends lots of time listening to their patients. "Our patients' lives are complex, and we need to understand what's going on with them," says King. When asked by another nurse practitioner about an elderly patient in for an office visit, King reminded the staff member that the patient was recently widowed and may need to talk. The staff's caring and concern show in other ways such as follow-up calls to see how patients are doing.

Currently, all health services including dentistry are offered at East of the River. Patients can receive pediatric, prenatal and obstetric, gynecologic, well-woman, and adult care; social services; podiatry, cardiology, ophthalmology, and psychiatry services; and surgical consultation. Patients also have access to substance abuse screening and referral, and HIV/AIDS screening and treatment. East of the River handles D.C. Social Service programs and the Federal Women, Infants, and Children services. On one afternoon, an entire family—mom, dad, two boys, and a 2-year-old toddler who seemed right at home at the health center—all came in for appointments.

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NHSC People and Communities Making News

"Southern Exposure" Gets TV Exposure

The Discovery Health Channel has profiled three dedicated, former NHSC Scholars practicing the art and science of health care in a culturally and geographically distinct area of the rural South. The documentary, entitled "Bayou Medicine," referring to the area around the Gulf of Mexico from Louisiana to Alabama, aired on cable stations across the country last November.

The program closely followed former NHSC Scholar **Gary Wiltz, M.D.,** clinical director of the Teche Action Clinic in Franklin, Louisiana, and his round-the-clock involvement in the health of the community. The documentary also showed the daily works of former NHSC Scholar **Regina Benjamin, M.D.,** a private practice physician in nearby Bayou La Batre, Alabama, who is known nationally for her commitment to the underserved. Also consulted for the program was former NHSC Loan Repayor **Sheron Finister, Ph.D.,** a private practice mental health therapist in adjacent Garden City, Louisiana.

"High Touch and High Tech"

At one time Gary Wiltz good-naturedly referred to his NHSC assignment as "Southern Exposure," after the television show *Northern Exposure*, which profiled a rural doctor in Alaska. Wiltz, whose style has been referred to as "just as much high touch as it is high tech," has been a practicing board-certified internist in Franklin since his NHSC assignment brought him there in 1982. He says he plans on staying in the community for the rest of his career.

Courtesy of Discovery Health Channel

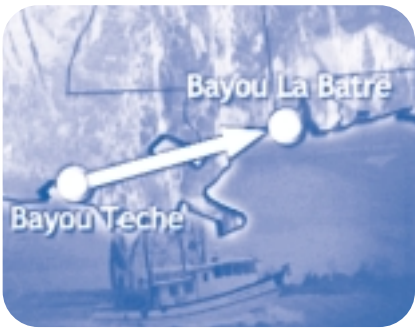
Wiltz cares for his patients at the clinic through house calls and in the emergency room of the local hospital. A proponent of preventive health care, he points out that the Bayou's cultural culinary legacy of "catch it, kill it, and fry it," has led to much preventable disease among the people of the region, regardless of their racial background, whether African American, white, Asian American, or Hispanic.

Since the early 1980s, one of Wiltz's successes has been the establishment of an in-house pharmacy program in which some medicines are bought at "government prices" or practically at cost for uninsured patients. The clinic also actively pursues free medicine at pharmaceutical companies that have programs for indigent patients who qualify. The labor-intensive process requires documenting the patients' income.

Teche Action Clinic obtained about $850,000 worth of free medicine for patients in 1999, the bulk of it from Pfizer Pharmaceuticals. In 2000, the company presented Wiltz and the clinic with a certificate of appreciation for helping 3,000 patients through the company's Share the Care initiative, in which Pfizer works with the National Association of Community Health Centers to make medicines available to income- qualified patients.

Bringing Mental Health Services to the Bayou

Sheron Finister began at Teche Action Clinic in 1994 in the hopes of developing a site that had not yet been approved for mental health by the NHSC. She is a current teacher for NHSC at the regional workshops for members and their families and a member of the board of directors of the Association of Clinicians for the Underserved (a non-profit organization established by NHSC alumni and participants). Finister says that many NHSC clinicians don't realize that they can go to an undeveloped site and have the potential of developing an NHSC-approved site. She is working on an internship and hopes to reenter NHSC to upgrade her skills to become a clinical psychologist to improve service to the community.



Courtesy of Discovery Health Channel

"Bayou Medicine," which aired on Discovery Health Channel, featured three NHSC clinicians who practice in the culturally and geographically distinct area around the Gulf of Mexico from Louisiana to Alabama.

Caring Crosses Cultural Lines

Regina Benjamin also makes house calls to her patients, most of whom are poor or elderly, in the small shrimping towns off the Gulf Coast of Alabama. The high-cholesterol heritage of the Bayou remains with her patients as well. She says many patients present with conditions related to lifestyle, such as heart disease, diabetes, high blood pressure, cancer, and smoking.

Benjamin was recognized for her depth of concern in November 2000 by being inducted with nine others from many walks of life into the Hall of Fame for Caring Americans by the Caring Institute. The organization is a national, nonprofit group established in 1985 to promote the values of caring, integrity, and public service in the selfless manner of Mother Teresa.

Benjamin called receiving the recognition "a truly humbling experience" and an honor to be among the other awardees. Getting to know them over the weekend-long ceremony and being inspired by them was a significant life experience, she says.

"Any person, no matter what their cultural background, just wants you to care about them. They know when you care. Every culture has different things. You learn to respect the cultural ways of people, and they'll do the same with you," Benjamin says.

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Returning to the region where she grew up, Benjamin started her family practice in Bayou La Batre. After obtaining an M.B.A. from Tulane University, she converted her medical office into a small rural health clinic dedicated to serving the local indigent population.

It's not the first time Benjamin has been recognized nationally. She was awarded the 1997 Nelson Mandela Award for Health and Human Rights by the Henry J. Kaiser Family Foundation. That award has been given annually since 1994 to a South African and an American in recognition of extraordinary dedication and achievement in improving the health of the disadvantaged populations of both countries. She also became the first African American woman to be elected to the American Medical Association's board of trustees in 1995.

Both Benjamin and Wiltz praise their early experiences with NHSC. Wiltz summed it up when he said in the broadcast, "I'm committed to the Corps to the core. And that's a pun that's well intended." ◆

Bureau of Primary Health Care Report Chronicles Success of Safety Net Programs

In March, the Bureau of Primary Health Care issued a landmark report on the safety net programs. The report, "Changing Lives, Changing Communities," tells the story of the difference these programs have made. The report chronicles the quality of care provided by community health centers, migrant health centers, health care for the homeless programs, and public housing primary care projects. It also portrays the many challenges to the safety net and what the future holds. For copies, call 1-888-ASK-HRSA. ◆

Community Spirit... *continued from page 7*

A Continuing Need

But, as Lambert notes, to meet the community's needs, East of the River needs more resources. Many of the clinicians are part-time, including the psychiatrist, one of the family practitioners, the podiatrist, the ophthalmologist, and several of the nurse practitioners. The health center itself hasn't been as well known as the staff would like it to be because of its previous high-rise location, its different ownership over the years, and because some community residents don't realize that the facility's staff will treat uninsured and nonpaying patients. "While we try, there isn't enough time for outreach," says Lambert. The staff is hopeful that the new location will be more accessible for patients because of its close proximity to the Metro and buses.

The new facility is located by itself in a separate building—visible to the neighborhood. At its recent inauguration, the staff was joined by patients, local dignitaries such as Kevin Chavous, D.C. Council member for Ward 7 (where East of the River is located), community supporters including Industrial Bank of Washington (which is located next door and leased the location to East of the River) and General Electric Capital (which built the building and provided a low-interest loan), and the health center's board of directors.

Lambert did the honors at the ribbon-cutting ceremony, which was emceed by Vincent Keane, executive director of Unity Health Care. For staff and patients, the new health center is a wonder, with all new equipment, including dental facilities and a dentist, which the old facility lacked.

But even at the old location, the staff worked to find time in their busy schedules for a number of community partnerships. These efforts include regular support to Teen Life Choices, Marshall Heights Community Development Organization, and Concerned Black Males of Marshall Heights. The staff also offers prenatal classes, diabetes education, nutrition and weight loss counseling, and supplies Depo-Provera contraception free to the community.

Lambert and King both believe that because of the staff, the community they serve, and the work they do, the East of the River Health Center is a "match made in heaven" in terms of a continued mutually positive relationship with NHSC. The health center provides the perfect learning environment for teaching clinicians-in-training about the team approach. The staff also has much to offer new NHSC recruits in the way of mentoring and valuable experience in health care in an urban environment.

In fact, King sees much of what the health center's staff does in terms of community outreach as an excellent role model for fostering good NHSC relations. "I would encourage other health centers and their providers to participate in such local activities as health fairs, PTA meetings (to encourage immunizations and provide information and training on asthma), and attend town meetings," she says. ◆

From the Chair

The National Advisory Council: Eyes and Ears of the Communities NHSC Serves

Dear NHSC Members:

As you know, increasing demand for medical services brought on by managed care, rising medical costs, and decreasing opportunity for graduate medical education continue to push the underserved and uninsured of America further behind in their ability to access quality health care. For many of these people, the only thing that stands between access to the care they need and no access at all is National Health Service Corps (NHSC).

The NHSC has been placing dedicated teams of creative and culturally sensitive clinicians in underserved communities for more than 25 years. Wherever these individuals have been located, they have brought with them ideas that have resulted in improved community health, rationalization of public health funding, and sometimes even economic revitalization.

The National Advisory Council on the National Health Service Corps has been actively reexamining and reassessing our function and purpose over the last year and a half. Our role now is to advise the new Secretary of Health and Human Services about NHSC, provide NHSC staff with a different perspective on its programs, and be its advocates. As NHSC evolves and changes, so will we.

I think of the Council as being the eyes and ears of the communities NHSC serves. Our 15 members come from different locations and backgrounds, so we can perhaps provide a special perspective on what's being done and recommendations on how to do things differently. This reflects my view that doing the same thing over and over again and expecting a different outcome each time doesn't work.

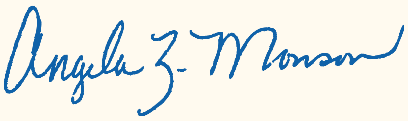
In 2001, the NHSC will be going through reauthorization in Congress. As chair of the Council, I want to bring to your attention some of the recommendations the Council is making for positioning the NHSC as the Nation's preeminent force in ensuring 100% access with 0 health disparities. The following recommendations are highlights from a white paper the Council prepared entitled "The National Health Service Corps for the 21st Century":

- The NHSC be reauthorized in the year 2001 for a period of 10 years; that the NHSC Field Budget and NHSC Recruitment Budget be appropriated at no less than $232 million annually.
- The NHSC shall establish as a programmatic priority an increase in the placement of nurse practitioners, certified nurse-midwives, physician assistants, dentists, dental hygienists, and mental and behavioral health professionals.
- Congress shall provide an explicit exclusion from Federal income, FICA, and self-employment taxation for all payments to individuals participating in the NHSC Scholarship Program, the NHSC Loan Repayment Program, the Community Scholarship Programs, and the State Loan Repayment Program.

We need your support in educating the decisionmakers about NHSC. It is essential that legislators understand that what the NHSC does is fundamental to building healthy communities for their constituents.

As individuals committed to serving the NHSC, the Council members are also working to identify and develop partnerships with the constituency groups that use NHSC services so they can help Congress see what NHSC provides to the medically underserved. We hope that our educational and outreach efforts lead to NHSC reauthorization this year.

Sincerely,



Angela Monson
Chair
National Advisory Council on the
National Health Service Corps

Oklahoma State Senator Angela Monson is currently serving her second term as chair of the Council. Senator Monson has been a member of the Oklahoma State Senate since 1993. She serves as chairperson of the Finance Committee and is also a member of the Senate Appropriations, Rules, Human Resources, Government Operations and Agency Oversight, Business and Labor, and Small Business Committees. Currently, Senator Monson serves as vice president of the National Conference of State Legislatures. A nationally known health care reform advocate, she is a member of the Steering Committee of the Reforming States Group, a Milbank Memorial Fund health care initiative.

The National Health Service Corps for the 21st Century

The National Advisory Council on the National Health Service Corps has produced a white paper entitled "The National Health Service Corps for the 21st Century" that includes recommendations for enhancements to the program. The Council's recommendations will play a role as we move forward in our efforts toward the reauthorization of NHSC. You can read the white paper's executive summary and the 11 recommendations on the NHSC Web site at *http://www.bphc.hrsa.gov/nhsc/Pages/about_nhsc/3e_21stcentury.htm*. We anticipate that hearings, which will be conducted by the Subcommittee on Public Health of the Senate Health, Education, Labor, and Pensions Committee, will get underway this spring. Senator Bill Frist, (R-Tenn.), who is also a physician, is chairman of the Subcommittee on Public Health.

The National Advisory Council: Front and Center in Increasing Awareness and Providing Support

For the 15 members of the National Advisory Council on the National Health Service Corps (NHSC), the job is to advise the Secretary of Health and Human Services about NHSC activities and serve as ombudsman to NHSC clinicians and sites. Specifically, the Council works to ensure that NHSC sites and clinicians have everything they need to work effectively. Officially, the Council members meet only three times a year. Between their meetings, however, they spend countless hours working on behalf of and promoting the NHSC. This they do in addition to their full-time professional careers as health care clinicians and students, public health policymakers, and administrators.

The Council came into being by an Act of Congress in 1978. Each member is appointed for a 3-year term. Every year, one-third of the members finish their 3-year commitments and rotate off the Council while five new members are brought in to take their places. This cycle ensures that the Council is regularly infused with new blood while, at the same time, it maintains a continuity necessary for achieving longer-term goals.

J. Jerry Rodos, D.O., a psychiatrist from the Chicago area, is the closest thing the Council has to an historian. His involvement with the Council goes back to 1985 when, after serving a three-year term, he was appointed by the then acting Surgeon General Audrey Manley, M.D. as the first consultant to the NHSC director and staff to the Council.

Members of the National Advisory Council on the National Health Service Corps gather for official meetings only three times a year, but they also spend countless hours working on behalf of and promoting the NHSC.

Over the years, Dr. Rodos has seen the Council's role grow into an increasingly important one where the members tackle tough issues brought up by the clinicians, students, and sites.

One of the first major issues confronting the Council was student training. In the early days of the NHSC, clinicians were often placed at sites where their training did not meet the needs of the community. Many times they were faced with cultures, languages, and environments for which they had no knowledge or training, let alone exposure. The Council recognized that what was needed were clinicians who could provide help in improving the community's general health status before tackling the task of delivering appropriate medical services. The depth of experience within the Council became a driving force for NHSC's plan to recruit only primary care providers and to set up a team approach to delivering appropriate and effective health care.

An ongoing activity for the Council has been its site visits for the purpose of clarifying specific needs of communities to better define how the program should best allocate services. Dr. Rodos notes that the Council's fact-finding visits have brought into being a programmatic effort to consult with sites on how to prepare for, support, and sustain their NHSC Scholars and clinicians.

Retaining clinicians in their communities after they complete their commitment has been another important goal for the NHSC. The Council has investigated this topic through a study of alumni conducted by Dr. Rodos. He found that there is a much higher commitment to the program than the numbers show. "Although clinicians may not stay at their site much beyond their service contract, they remain committed to serving the underserved in whatever practice they establish. Also, a large number of NHSC alumni go into training others to serve in disadvantaged areas."

"Although clinicians may not stay at their site much beyond their service contract, they remain committed to serving the underserved in whatever practice they establish. Also, a large number of NHSC alumni go into training others to serve in disadvantaged areas."

Dr. Rodos' own life is a good example of how NHSC commitment continues. After 15 years of service, he retired from his Council position last year to practice psychiatry with a behavioral medicine group for disadvantaged patients. In addition, he devotes 1 day a week to the Federal prison in Chicago.

continued on page 12

continued from page 11

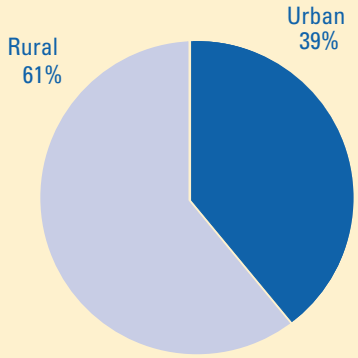
Today's Council is devoted to increasing awareness of and support for the NHSC in many different areas. In its preparation for NHSC reauthorization, the Council has discovered that many members of Congress, the general public, and health care professionals are unaware of all that the NHSC does. Many patients of NHSC clinicians do not know that their caregiver is a member of the NHSC. While this illustrates a success of better integration of NHSC clinicians into the community, it downplays the far-reaching impact of the program.

From its notable beginning, the Council is now looking forward. It is well prepared to meet the challenges of the years to come. As a group, the Council echos the diversity of the NHSC communities—not only ethnic diversity, but also philosophical and professional differences. This unique perspective brings a meaningful context to the Council's role of advocate of the NHSC and its mission. The Council also stands poised to advise the new Secretary of Health and Human Services about the NHSC.

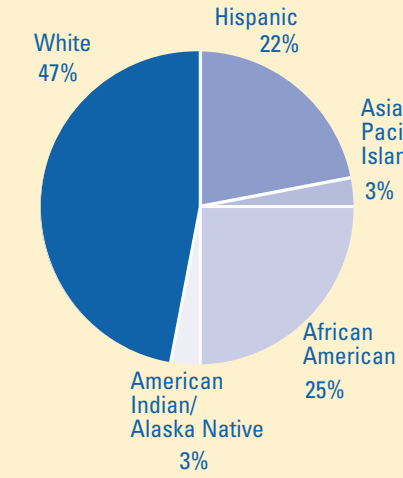
Collectively, the Council believes that the NHSC's long history and proud tradition of service to underserved communities is crucial to bringing the Nation one step closer to its goal of 100% access with 0 health disparities, so that all Americans—regardless of where they live or their ability to pay—receive the health care they need. ◆

Fast Facts About the National Health Service Corps (NHSC)

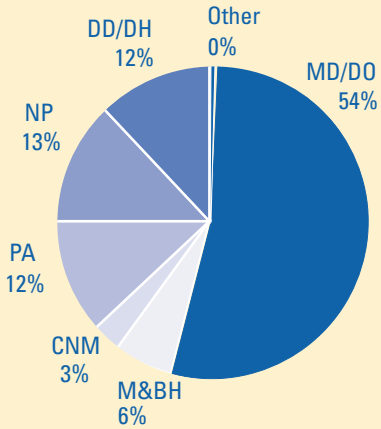
Community Responsive



Service to the Underserved



Interdisciplinary



Background

- Originally authorized under Emergency Health Personnel Act of 1970
- Assists communities in health professional shortage areas (HPSAs) to recruit clinicians through offering scholarships and loan repayments in return for service
- More than 22,000 primary care, dental, and mental and behavioral health clinicians have served
- Almost 2,400 NHSC clinicians are currently serving:
  - in more than 1,000 communities in every State, the District of Columbia, Puerto Rico, and the Pacific Basin
  - about 3.6 million underserved people received care in FY 1999

NHSC Principles

- Community responsive
  - helping communities to identify their needs
  - assisting communities to recruit appropriate clinicians
- Dedicated to service to the underserved
  - for almost 30 years, the NHSC has gone to frontier, rural, and inner-city underserved communities
  - serving those who have no other access to care
- Interdisciplinary
  - teams of primary care, dental, and mental and behavioral health clinicians
  - working together to meet the needs of individuals and communities

MD/DO	Medical Doctor/Doctor of Osteopathy
DD/DH	Dentist/Dental Hygienist
NP	Nurse Practitioner
PA	Physician Assistant
CNM	Certified Nurse-Midwife
M&BH	Mental and Behavioral Health

Putting Reauthorization in Context: How It All Works

by Alice M. Jackson, Ph.D.
Member, National Advisory Council on the National Health Service Corps

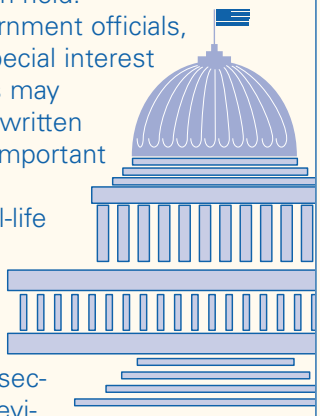
Understanding how reauthorization works requires knowledge of how a bill becomes law. Before a bill is introduced, it must be drafted, and there must be a sponsor who will introduce the draft. Sponsors are needed in both the House and the Senate.

Individuals and interest groups can make a difference at this point by persuading and influencing what is included in the draft. Therefore, prior to drafting, education of elected officials and their staff must take place. This is an area in which the public can participate.

Face-to-face interaction is always the best method of communication. However, writing personal letters, getting patients and others from the community to do the same, sending newspaper clippings, and providing information can be extremely helpful at this point. Congressional staff members have hundreds of issues to work with on a daily basis, so any assistance they receive that will help to lighten their workload is generally well received and appreciated.

Once a sponsor emerges, a bill is drafted and introduced in the chamber in which the legislator is a member, either in the House or Senate. It is given a bill number and then referred to the appropriate committee by the House parliamentarian on behalf of the Speaker and by the Senate parliamentarian acting for the presiding officer. This is considered the first reading of the bill, although the legislation is not actually read.

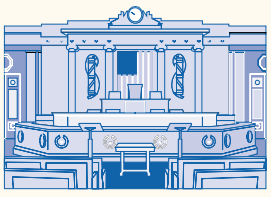
The committee of jurisdiction for public health programs—including the reauthorization of the NHSC program—in the House is the House Committee on Energy and Commerce, and the Subcommittee is the Health and Environment Subcommittee. In the Senate, the committee of jurisdiction is the Health, Education, Labor and Pensions Committee, and the subcommittee is the Public Health Subcommittee. The chair of the full committee requests comments from the executive branch agencies that would be responsible for implementing the law. The chair of the full committee then assigns the bill to a subcommittee for study and initial hearings. Public hearings are then held.



Testimony is invited from government officials, outside experts, scholars, and special interest groups. Other interested citizens may request to testify or to submit a written statement. Citizens can play an important role at this point by requesting to testify at hearings and telling real-life stories that legislators can use in speeches.

After the hearings, the subcommittee marks up the bill, which entails making section-by-section and line-by-line review and revision of the bill by committee members. They vote on provision, alternative proposals, and legislative language. The "marked-up" or revised bill is then forwarded to the full committee, which may mark up the bill again. In the House, it then goes to the Rules Committee, which sets guidelines for floor debate and amending the legislation. The Rules Committee then calendars the bill for floor action. Members then vote on the floor of the chamber.

While these activities are going on in one chamber, identical steps may be going on in the other chamber. If the bill passes both chambers, it then goes to the Conference Committee, which is composed of Senators and Representatives named to work out differences. The conference report is then returned to the floor for another vote. Approval of the conference report by both chambers constitutes final approval of the bill. It is sent to the President for signing. The President may choose to sign or veto. If vetoed, it takes two-thirds vote in both chambers to override the veto. ◆



The National Health Service Corps (NHSC) was created by legislation in the 1970s—the Emergency Health Personnel Act (Public Law 91-623). The NHSC Revitalization Amendments of 1990 authorized its continued existence through the year 2000. With the convening of the 107th Congress, efforts are now underway to reauthorize the program. This reauthorization process renews the existing NHSC program.

Alice M. Jackson, Ph.D., an expert in public policy, is an associate professor in the political science department of Morgan State University in Baltimore, Maryland.

Meet the National Advisory Council Members

Angela Z. Monson, M.P.A.

Chair, National Advisory Council on the National Health Service Corps

Senator Angela Monson, M.P.A., has been a member of the Oklahoma State Senate since 1993. She currently serves as chairperson of the Finance Committee. In addition, she is a member of the Senate Appropriations, Rules, Human Resources, Government Operations and Agency Oversight, Business and Labor, and Small Business Committees. Senator Monson served as a member of the Oklahoma House of Representatives from 1990 until her election to the State Senate.

Currently, Senator Monson serves as vice president of the National Conference of State Legislatures (NCSL) and previously served as chair of the NCSL Health Committee as well as the Executive Committee.

A nationally known advocate of health care reform, she serves as a member of the Steering Committee of the Reforming States Group, a Milbank Memorial Fund health care initiative, and serves on the board of Families USA Foundation. Recently, she accepted an invitation to serve as a National Advisory Committee member of the Robert Wood Johnson Foundation's State Coverage Initiatives program.

Senator Monson has authored a substantial amount of the health care reform legislation in Oklahoma regarding health care coverage and the development of health care systems, and she speaks frequently on the topic across the country.

Senator Monson can be reached at *monson@lsb.state.ok.us*.

Kimberley Williams-Barnes, D.D.S.

Kimberley Williams-Barnes, D.D.S., is the director of dental services at the North Country Community Health Center in Flagstaff, Arizona. She designed and developed procedural guidelines for a six-chair, sliding scale clinic and a two-chair facility in the frontier clinic of Ashfork, Arizona. To serve both the needs of her patient community and the needs of Arizona dental hygienists, Dr. Williams-Barnes developed an on-site training program for dental hygienists at Northern Arizona University that provides them with practical experience in the uninsured, underserved community.

Dr. Williams-Barnes developed a community-wide dental screening for children in three Arizona communities and assisted in a program in northern Arizona for protecting children's teeth with sealants. Two-thirds of the children treated were either uninsured or underinsured.

Dr. Williams-Barnes can be reached at *teek601@msn.com*.

Katherine A. Camacho Carr, C.N.M., Ph.D., FACNM

Katherine Ann Camacho Carr, C.N.M., Ph.D., has served on the faculty in the graduate midwifery program and as distance learning coordinator at the State University of New York Downstate Medical Center in Brooklyn since 1998. She also maintains a part-time practice with the University of Washington/Harborview Medical Center Women's Research Group and at Highline Midwifery and Women's Health in Seattle, Washington, serving a diverse clientele.

During her 27-year career, Dr. Carr has been a formidable force in developing and standardizing postgraduate-level programs in midwifery across the Nation and has actively practiced clinical midwifery in hospital, freestanding birth center, and home birth settings. She served as a founding board member and director of special projects at the Institute of Midwifery, Women and Health. Over the years, she has also developed and taught programs as a faculty member at numerous universities and schools of nursing.

Dr. Carr can be reached at *kcarr8587@qwest.net*.

Robert A. J. Fernandez, D.O., M.P.H., FACOFP

Robert Fernandez, D.O., is the acting associate dean for academic affairs at the School of Osteopathic Medicine of the University of Medicine and Dentistry of New Jersey. He is also a faculty member in the university's family medicine program. Dr. Fernandez previously served as a faculty member for 16 years at Nova Southeastern University, Health Sciences Division, in Fort Lauderdale, Florida, where he taught courses in public health, family medicine, and osteopathic medicine while maintaining a practice in the community as a board certified family physician. Between 1994 and 1996, Dr. Fernandez was dean of the Chicago College of Osteopathic Medicine at Midwestern University. His medical career, spanning almost 20 years, has included extensive experience in medical administration and education, emergency and family medicine, and osteopathic medicine.

Dr. Fernandez can be reached at *fernanra@umdnj.edu*.

Michael Fine, M.D.

Michael Fine, M.D., is a senior managing partner with Hillside Avenue Family and Community Medicine, the largest family practice in Rhode Island. He divides his time between practices in urban Pawtucket and rural Scituate. Dr. Fine is also president of the Rhode Island Academy of Family Physicians and board chair of the Occupational and Environmental Health Center of Rhode Island.

In August 2000, Dr. Fine was named an Open Society Institute/George Soros Medicine as a Profession Fellow. In recognition of his long-standing dedication to improving health care among the underserved of Rhode Island, Governor Lincoln Almond proclaimed January 20, 2000, as "Michael Fine, M.D. Day" across the State.

Dr. Fine can be reached at *M1fine@aol.com*.

Susan Fleischman, M.D.

Susan Fleischman, M.D., is the director of medical services at the Venice Family Clinic in Venice, California, a clinic that provides primary and specialty health care for the uninsured working poor and homeless. She is president-elect of the Bay District Los Angeles County Medical Association where, in 1999, she served as secretary/treasurer and continues to serve as chair of the Community Health Committee. Dr. Fleischman is also a board member of the California Primary Care Association.

As an advocate for the homeless and medically indigent, Dr. Fleischman pioneered a model of operation that serves 90,000 patient visits annually. For 12 years, she has taught community medicine at the University of California at Los Angeles (UCLA) School of Medicine and is a liaison with multiple residency training programs that serve at the clinic.

Dr. Fleischman can be reached at *sfleischman@mednet.ucla.edu*.

Dona L. Harris, Ph.D.

Dona L. Harris, Ph.D., is director of academic development and professor of family medicine at the Brody School of Medicine at East Carolina University in Greenville, North Carolina. She came to Greenville in 1997 from Michigan State University, where she held the positions of chief academic officer at the Kalamazoo Center for Medical Studies and professor in the Office of Medical Education, Research and Development for 5 years.

Currently, Dr. Harris serves on the board of directors of the Society of Teachers of Family Medicine and has represented this organization at the Association of American Medical Colleges for 8 years.

From 1989-1991, Dr. Harris was scholar-in-residence to the Council on Graduate Medical Education. During this time she led the team that developed the U.S. Public Health Service Primary Care Policy Fellowship. Subsequently, in 1992 she received a Public Health Service Commendation Award for her work with this initiative. The following year she was presented with a Public Health Service Administrator's Citation for Outstanding Group Performance.

Dr. Harris can be reached at *harrisdo@mail.ecu.edu*.

Donna R. Hodnicki, Ph.D., R.N.,C.S., F.N.P., FAAN

Donna Hodnicki, Ph.D., has more than 30 years of experience in nursing and family practice as a family nurse practitioner. She is currently the director of the Master of Science in Nursing (MSN) Program at Georgia Southern University, a position she has held since 1993.

Since 1998, Dr. Hodnicki has also been the project director of the Federal Traineeship Grant for the MSN program. In addition to her academic responsibilities, she maintains her clinical links as a family nurse practitioner in university-affiliated clinics serving the rural underserved and migrant populations.

In 1998, she was selected by the U.S. Department of Health and Human Services as a Public Health Service Primary Care Policy Fellow. The American Academy of Nurse Practitioners selected her as Nurse Practitioner of the Year in Georgia in 1993. Dr. Hodnicki is an alumnus of the National Health Service Corps, from which she received a full-time scholarship in 1979-1980 to pursue graduate studies in nursing.

Dr. Hodnicki can be reached at *dhodnick@gsaix2.cc.gasou.edu*.

Alice M. Jackson, Ph.D.

Alice M. Jackson, Ph.D., is currently an associate professor in the political science department of Morgan State University in Baltimore, Maryland. An expert in public policy, Dr. Jackson has held increasingly senior positions since 1985 in both national- and State-level community health associations, the most recent being between 1998 and 2000 as chief executive officer of the Mid-Atlantic Association of Community Health Centers.

Through her past and present participation on the boards of the Coalition of Health Funding, the Coalition of Human Needs, the Infant Mortality Commission, and the Medicaid Advisory Committee, Dr. Jackson has been influential in the development of public health policy in Maryland and at the national level. She continues to have an impact on community health issues—especially rural health—through her active participation on the board of the Maryland Rural Health Association and the policy board of the National Rural Health Association.

Dr. Jackson can be reached at *ajac956@aol.com*.

Kristen Kang, B.A.

Kristen Kang is currently a student and National Health Service Corps Scholar in the Physician Assistant Program at the University of Medicine and Dentistry of New Jersey/Rutgers University. She will graduate in 2001. Ms. Kang received her undergraduate training at Cornell University in Ithaca, New York.

Ms. Kang has distinguished herself in her academic studies and has been on the UMDNJ dean's list. She also holds memberships in the American Academy of Physician Assistants, National Rural Health Association, and New Jersey Society of Physician Assistants, Student Chapter.

Ms. Kang has been committed to working in health professional shortage areas throughout her academic training. She has been actively involved with the Homeless and Indigent Populations Health Outreach Program. She also served an externship in rural Maine through NHSC's SEARCH Program.

Ms. Kang can be reached at *kangkr@umdnj.edu*.

Rebecca Landau, M.P.H., R.N.

Rebecca Landau, M.P.H., R.N., is an instructor in the Department of Family Medicine at Oregon Health Sciences University. In this role, she teaches first-year medical students and is the faculty advisor for the Association of Students for the Underserved. Until recently, Ms. Landau was the manager of program planning and development for the Oregon Statewide Area Health Education Centers (AHEC) Program.

She currently sits on the board of directors and on the Access Gap and Policy Committees of the Oregon Primary Care Association. Ms. Landau has also been involved with the Oregon Public Health Association as a member of the board of directors and served as the chair of both the Nominations and Annual Conference Planning Committees.

Ms. Landau can be reached at *landaur@easystreet.com*.

Lucio Torres-Florez, M.S.W., M.B.A.

Lucio Torres-Florez, M.S.W., M.B.A., is the chief executive officer of Salt Creek Enterprises, a medical management and information technology company he founded in 1995 in Pueblo, Colorado. In addition, he is an adjunct professor in the School of Social Work at the University of Southern Colorado.

Previously, Mr. Torres-Florez worked for 20 years at the U.S. Department of Health and Human Services as a Commissioned Officer with the U.S. Public Health Service.

During his long career, Mr. Torres-Florez has headed various government-sponsored health programs and multi-service nonprofit agencies.

Mr. Torres-Florez can be reached at *screekinc@aol.com*.

Drew O'Connor, M.P.H.

Drew O'Connor, M.P.H., is the deputy director of community services of the National Civic League in Denver, Colorado. In this capacity, he facilitates and consults with communities in the process of strategic planning and visioning initiatives. In addition, Mr. O'Connor is a coordinating council member for the Coalition for Healthier Cities and Communities in the United States (CHCC), a community quality of life movement that is having a significant impact in the cities and towns across the United States.

Before assuming his position at the National Civic League, Mr. O'Connor served as coordinator of the Healthy Communities Resource Center (HCRC), a program within the Louisiana Office of Public Health. There he provided technical assistance and training for communities involved in strategic planning and vision models of the National Civic League.

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Zettie Dexter Page III, M.S.W., Ph.D., M.D.

Zettie Dexter Page III, M.S.W., Ph.D., M.D., is the president and chief executive officer of the Milwaukee Health Services, Inc., in Milwaukee, Wisconsin, and is a consultant primary health care specialist to the Bureau of Primary Health Care of the Health Resources and Services Administration in the Department of Health and Human Services. An active colonel in the Air National Guard, Dr. Page serves as Medical Readiness Assistant to the Command Surgeon, Headquarters Air Mobility Command, at Scott Air Force Base in Illinois. Since 1992, Dr. Page has also maintained a private practice in psychotherapy at the Jackson Psychiatric Center in Milwaukee.

Throughout a long and distinguished career in medicine, social work, and the military, Dr. Page has influenced policymaking in mental health care to underserved and disadvantaged populations across America as well as the provision of mental health care to the armed forces. In addition, as an ad hoc professor in the School of Social Welfare at the University of Wisconsin-Milwaukee, where he has taught since 1997, Dr. Page continues to share his skills and talents with future social workers.

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Joseph Edward Pierle, M.P.A.

Joseph Edward Pierle was appointed chief executive officer of the Missouri Primary Care Association in April 1999. Prior to this appointment, he worked for U.S. Senator Christopher Bond as an advisor on issues concerning health care, children, and the elderly. In this capacity, his work helped secure passage of the Birth Defects Prevention Act of 1998.

Mr. Pierle has shared his legislative expertise as a member of the American College of Healthcare Executives, the National Rural Health Association, and the Missouri Rural Health Association. He is currently a board member of the National Association of Community Health Centers.

He has been honored by the March of Dimes for his work promoting healthier babies and received an Exceptional Service Award from the National Association of Community Health Centers.

Mr. Pierle can be reached at *jep@socket.net*. ◆

The NHSC Vision

At the NHSC, we continue to work toward the goal of "100% access, 0 health disparities" by providing comprehensive team-based health care that bridges geographic, financial, cultural, and language barriers. We will not stop until all Americans, everywhere, have access to quality health care, especially for health issues that have the highest racial, ethnic, and socioeconomic disparities in treatment success: HIV/AIDS, mental health, dental care, cardiovascular disease, cancer, diabetes, childhood and adult immunizations, and infant mortality.

Because the NHSC is part of the "access agency"—the Health Resources and Services Administration (HRSA)—we work closely with other HRSA bureaus and programs to recruit primary care clinicians for communities in need. Through our combined efforts, we are seeking to provide access to care for upwards of 48 million Americans who might otherwise do without.

Our strategies for achieving our goal include:

- **Forming partnerships** with communities, States, educational institutions, and professional organizations.
- **Recruiting caring, culturally competent clinicians** for communities in need.
- **Providing opportunities and professional experiences** to students through our scholarship and loan repayment programs and our SEARCH (Student/Resident Experiences and Rotations in Community Health) program.
- **Establishing systems of care** that remain long after an NHSC clinician departs.
- **Shaping the way clinicians practice** by building a community of dedicated health professionals who continue to work with the underserved even after their NHSC commitment has been fulfilled.

DEPARTMENT OF HEALTH & HUMAN SERVICES

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